U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT		
1 File Number U 99//	2 Fiscal Year Covered From	
	/ Through/	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name JAMES M BAKER	Name PLUMBERS AND PIPE FITTERS LOCAL UNION NO 553	
· in	Labor Organization File Number 0/3039	
PO Box Bidg Room No If any	P O Box Building and Room Number if any	
Street 38 WILLIAMS LANE	Street 2 SOUTH WESLEY DRIVE	
City BRIGHTON	City EAST ALTON	
State Tllinois ZIP Code +4 62012	State Illinois ZIP Code + 4 62024 - 2097	
5 Position in labor organization BOARD MEMPER		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name LOELLKE PLUMBING	LOELLKE PLUMBING GAVE JAMES A \$50 GIFT CERTIFICATE TO TONY S RESTAURANT LOELLKE EMPLOYS LOCAL 553	
Trade Name If any	MEMBERS	
PO Box, Bldg., Room No starry. Lt _ L6 u 1 lo 40x	7 6 110	
Street #6 CROSS COUNTY COURT	77 b) Arrioth cole : i i i	
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State [1]111018 2 P.Code + 4 62052 2585		
N 2 ℃ Cove + 4 € N 0 ~ Signature		
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
signed Lim m Baller	on 8/11/05 618-259-4379	

Name of Person Filing JAMES BAKER	File Number U	
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent or rectly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name	a Labor Organization	
Trade Name If any	b Trust	
PO Box Bidg Room No If any	c Employer	
Street		
State ZIP Code + 4		
	11 a Nature of such dealing	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of South dealing	
Trade Name if any		
PO Box Bidg Room No If any		
Street		
City	11 b Approximate dollar value of such dealing	
State ZIP Code + 4	12 a Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name		
Trade Name if any		
PO Box Bidg Room No If any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	

Street 2201 ADAMS STREET		
City GRANITE CITY	\$25	
State Illinois ZiP Code + 4 62040		
A. Held an interest in engaged in transactions (including loans) with or derived employees your organization represents or is actively seeking to represent	income or other economic benefit of monetary value from an employer whose	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name KANE MECHANICAL	KANE MECHANICAL PAID FOR JAMES TO HAVE A DINNER FOR 2 WITH DRINKS KANE EMPLOYS LOCAL 553 MEMBERS	
Trade Name If any		
P O Box Bldg Room No If any	7 b Amount	
Street 170 EAST ALTON AVE	\$50	
City EAST ALTON	\$30	
State [111:no1s ZIP Code + 4 62024		
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PO Box Bldg Room No if any	7 b Amount	
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State ZIP Code + 4		

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City EAST ALTON	\$50	
State		
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